

REVIEW ARTICLE

RISK MANAGEMENT STRATEGIES IN MEDICAL LABORATORY PRACTICE

Abdalla Eltoum Ali^{1,2 *}, Alneil M. Hamza³, Haidar Eltayeb Saleh⁴

¹Raidx Medical Laboratory, Yanbu St., Dhahrat Laban Dist. Riyadh Saudia Arabia – P.O 13784, Postcode 2488

²Alzaiem Alazhari University-faculty of medical laboratory science- Clinical Biochemistry Department

³Clinical Laboratories Sciences Department, College of Applied Medical Sciences, AlJouf University, Saudi Arabia

⁴Clinical Research Laboratory Services, Sylvester Comprehensive Cancer Center [SCCC],
Miami University, Miami FL33136, USA.

Received: 20 July, 2024 /Accepted: 1 August, 2024

ABSTRACT: Introduction: Risk management is crucial in medical laboratory practice to ensure patient safety, maintain quality standards, and mitigate potential errors. This comprehensive review explores various risk management strategies implemented in medical laboratories to enhance understanding and effectiveness in practice. **Methods:** To identify and analyze risk management strategies employed in medical laboratory settings, a thorough examination of existing literature, guidelines, and best practices was conducted. Key themes and approaches were synthesized to overview current practices and emerging trends comprehensively. **Results:** The review highlights various risk management strategies utilized in medical laboratories, including quality control measures, staff training and competency assessment, standardized protocols, and procedures, utilization of technology and automation, error reporting systems, and participation in external quality assessment schemes. These strategies aim to identify, assess, and mitigate risks across all stages of the laboratory testing process, from pre-analytical to post-analytical phases. **Conclusion:** Effective risk management is essential for maintaining the integrity and reliability of laboratory testing, ultimately contributing to improved patient care outcomes. By implementing comprehensive risk management strategies, medical laboratories can enhance operational efficiency, minimize errors, and ensure compliance with regulatory requirements. Continued vigilance, ongoing education, and integration of new technologies are essential for adapting to evolving risks and challenges in laboratory practice.

Key words: Risk Management Strategies, Medical laboratory, improvement

Corresponding Author:

Dr. Abdalla Eltoum Ali,

Raidx Medical Laboratory, Yanbu St., Dhahrat Laban Dist. Riyadh Saudia Arabia
– P.O 13784, Postcode 2488 and Alzaiem Alazhari University-faculty of Medical
laboratory science- Clinical Biochemistry Department.

Email- abdalla.ali2087@yahoo.com



INTRODUCTION:

The rational management of the risks involved in using laboratory processes represents a significant challenge for professionals. Their role in producing reliable results fundamental to clinical decisions is invaluable. International normative standards and technical safety regulations to ensure quality and safety are explicitly concerned with this matter. Implementing an effective and practical risk management process allows costs to be reduced, productivity to be controlled and improved, and the reliability of results to be increased. However, without such measures, the potential for catastrophic events during the operation and management of the laboratory is a stark reality. The knowledge of the theory and practice in risk managing principles on the part of the quality manager and the laboratory bench is fundamental to ensure that new risks introduced are reduced at once during the planning stage rather than as a series of site-specific actions^[1].

The goal of risk management is to make safe and appropriate decisions. Risk management ensures that any new risk introduced does not exceed the acceptable level of risk. Risk management has to cover all risks applicable to the intended acquisition use, maintenance, and disposal^[2]. The minimum requirements for risk management to achieve certainty of sources and confidence in results must be addressed in the laboratory system. Therefore, any system that addresses this issue should offer a way to evaluate and prioritize methods to reduce/control the risk and monitor changes in risks in the long term^[3].

Importance of Risk Management in Medical Laboratory Practice

Medical laboratories are an essential part of the healthcare delivery system. The information generated by these laboratories plays a vital role in decisions, from making treatment or patient care decisions to public health monitoring. This information source must be reliable and accurate as part of the health care system. The main challenge to laboratory involvement in patient care decisions is managing the many risks

associated with the entire health care need. The healthcare systems involving the clinical and diagnostic laboratory include vulnerability to counterfeit parts, attacks on equipment suppliers, and the exertion of equipment availability vulnerabilities. The intent is not to rehash the many challenges that already exist today but to illustrate a need for risk management and to highlight the areas where the effort may need to be increased to avoid civil and also criminal liability for failure to provide testing options and a safe environment for assessing health care if the laboratory does not offer specific testing options^[4,5].

The main objective of risk management is to identify the risk, assess the risk, and take preventive measures. In the process of identifying the risk, it is paramount to determine the source of the risk. It is crucial to categorize the risk into different risk types, which helps assess the cause. There are many practices in risk management, but identifying the various types of risk is a crucial consideration. Examining the risk and types of risk and guiding the management of any risk category in medical laboratory practice, managers can apply an organized means of analyzing existing risks that may affect continuity of operation within the laboratory, compliance with regulatory standards, and achievement of quality patient care services. The potential categories are financial and patient management, staffing, and organizing risks. Whatever the category, each risk should be discussed during an internal planning meeting in each laboratory unit. Risk can adversely affect an organization, its assets, and its operations^[6]. Risk management strategies in medical laboratory practice involve systematically identifying, assessing, and managing workplace hazards to minimize their impact^[7]. These strategies are crucial for a medical laboratory to avoid and mitigate potential human and financial losses^[8].

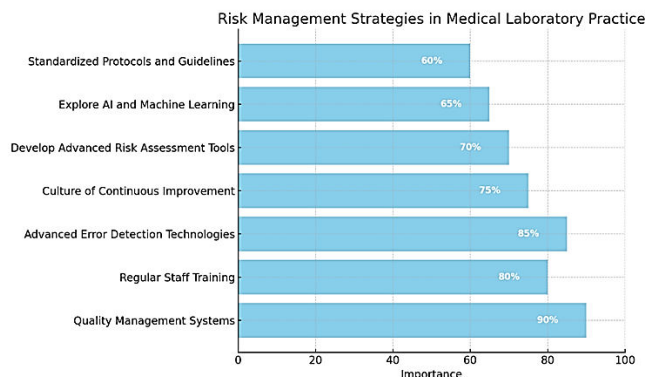


Figure 1 illustrates the importance of various risk management strategies in medical laboratory practice. The strategies are ranked based on their hypothetical importance, highlighting key areas such as quality management systems, regular staff training, and advanced error detection technologies.

Objectives of the Comprehensive Review

International Organization for Standardization [ISO] provides the establishment, implementation, and updating of the risk management plan. Among several methods available for risk management, failure mode, and effect analysis [FMEA] and fault tree analysis [FTA] are prevalent in healthcare settings. On the other hand, failure reporting analysis and corrective action system [FRACAS] includes reporting risk at every step and following up on corrective action each time. Staff working in a clinical laboratory plays a crucial role in minimizing post-test patient risk in addition to activities to improve testing procedures, with more emphasis placed on the planning and identification of pre-test risks. A study published as the development and application of the computerized risk register and management tool based on FMEA and FRACAS for the total testing process by Zeng et al. has underlined the significance of risk management principles in clinical laboratories and their efficient and ongoing implementation in provided scenarios [9].

Historically, risk was managed in the clinical laboratory mainly by practicing quality control in the front end as analytic risk. The quality control charts are an old measure that needs complete information placed at the evaluation hold with documentation after the experiment. In contrast, the traditional control

sucks information from every point or testing cycle. Thus, it is a conventional theory that applies limits based on standard deviation, not considering any assumptions or contemplating any information about the actual foresight of the quality. All data is, however, necessary for knowing the analytical risk. Hence, more data are included with every value to assess the instrument's performance concerning its uncertainty of measurement. The CLSI document EP23-A, recently released in 2011, highlighted six categories: test system design, test system use, management review and training, environmental and monitoring, QC and external quality assessment, and revision [that is, error management] to minimize the risk so that it could not leave a black box [10].

Risk is inevitable in any activity or task in a healthcare organization. Management is required to decrease risk hazards, which is a hub of risk control in healthcare sectors like clinical laboratories. Risk management in the clinical laboratory is traditionally used to practice quality control with operation or clinical risk. On the other hand, laboratory professionals should recognize risk entirely by identifying and managing laboratory success technology as technological risk management knowledge. Risk management in clinical laboratories embraces several activities that reduce the potential for medical errors, including prescribing, transcribing, dispensing, administration, monitoring, documentation, and use of drugs, biologics, and medical devices. Several lists or compendia or directions acquire different definitions of medication errors. The visibility of harm is essential to comprehending worldwide health policy on medication errors, and the availability of reporting mechanisms to support the reporting of medication errors is essential [11].

RISK IDENTIFICATION AND ASSESSMENT:

Although both ISO 3100 and ISO 15189 categorize possible risks in a general way [patient, operator, equipment management, communication], actual numerical data [such as failure rates, measurement inaccuracies, and distribution of various risk factors]

still need to be included. While ISO 15189 focuses on hospital and phlebotomy services and hospital quarantine applications, community-oriented and office-based quarantine studies are limited to procedural recommendations only. While NSI can be defined as several incidents per person, there are no strict limitations on the quality of syringes and needles or work surface and hand disinfection requirements. Medical error is often evaluated as a team error, reflecting the supervisor's fault. However, data from the 6 Sigma process shows that 94% of the problem is related to something other than human error but to the wrong system or lack of a system. The efficiency of creating a separate section for risk factors and strategies for medical laboratories is apparent [12,13,14,15].

There are various methods in laboratory risk management to link process successes and failures: PDCA [Plan-Do-Check-Act], FMEA [Failure Mode and Effects Analysis], and HIR [Hazard and Effect Management Control]. The HIR of the pre-examination process [phlebotomy] involves risks such as anxiety, discomfort, infections, and needlestick injuries [NSI]. The HIR in the examination process [clinical chemistry] includes the dangers of failure in minimum analytical performance, bias, imprecision, and calibration and maintenance intervals. Post analytical process [reporting] HIR is associated with inadequate reports, delayed reports, poorly organized data, inappropriate additional information, incorrect report transfer, and reports not received. [12,13,14,15]

Risk identification is the crucial first step in risk management. Medical laboratories include a broad range of healthcare activities generally occurring in four environments: patient inpatient and outpatient settings, long-term care facilities and services, confidentiality clinics, and home care visit services. The ISO 3100:2018 standard defines risk as the effect of uncertainty, and a risk management process should address all levels of risk, whether insignificant, minor, moderate, or extreme 1. The medical community uses distinct terminologies related to risk defined and monitored by individual standards [13,16,17].

Identification of Potential Risks in Medical Laboratory Practice

Lab safety often begins with risk assessment, the first step before starting work in the laboratory. This stage informs the laboratory personnel of the potential hazards associated with the experiment and assists them in assessing the risks that would impact their safety. After hazard identification, the process of risk assessment follows. The risks in laboratories are diverse and often linked to hazards such as damaging tissue or organs - for instance, the corrosive nature of concentrated acids - or unexpected fires caused by flammable solvents. The significant types of risk in laboratories and other laboratories stem from using hazardous substances. Whether the chemicals are present as raw materials for use or by-products in the case of rDNA and chemical reactions are involved in most laboratory operations. Some substances or reagents could be risky in particular storage areas, fabrication areas, incinerators, etc. The lab could also have Ergonomic and physical risks, such as burns, strains, and fractures. Finally, threats to human health involve disease organisms copied or sequenced in the rDNA laboratory instead of biological and chemical risks [18,19,20].

However, it is essential in the laboratory to anticipate potential hazards in advance and take precautions against them. Accidents, infections, and negative informational impacts are some of the serious risks and threats to all. Laboratory accidents can occur in any laboratory operation. Therefore, no person in a laboratory should be careless. When working with infectious agents, the infectious agent must be handled with all caution. It is crucial to prevent any accidental exposure to laboratory personnel. [18,19,20]

Thus, this review aims to guide medical laboratories in navigating risks to ensure their successful involvement in healthcare services. Laboratory safety is closely linked to the biohazardous nature of many of the substances used in the laboratory. It also includes viruses and bacteria, rDNA variants, and culture collections when working with pathogens. The greater

the risk, the higher the degree of safety needed. Other best environmental practices include being cautious

with all materials in the laboratory [2,19].

Risk management is essential in every medical practice, especially medical laboratory practice, and critical in-patient care. Although practical approaches to risk management in Western healthcare systems exist, more literature is needed regarding systematic approaches to risk management in medical laboratory practice in the African setting [18,10].

Table 1. For the review article titled "Risk Management Strategies in Medical Laboratory Practice":

Risk Management Strategy	Description	Benefits	References
Failure Mode and Effects Analysis [FMEA]	A systematic method for evaluating processes to identify where and how they might fail and assessing the relative impact of different failures.	It helps prioritize risks and identify areas for improvement.	[1]
Failure Reporting, Analysis, and Corrective Action System [FRACAS]	A process that provides a disciplined approach for reporting, analyzing, and taking corrective action on failures.	Ensures continuous improvement and effective resolution of issues.	[1]
Root Cause Analysis [RCA]	A method of problem-solving used to identify the underlying causes of faults or problems.	Identifies not just what and how an event occurred but also why it happened, preventing recurrence.	[2]

Proactive Risk Management Activities	Activities that predict potential failures and their impacts before they occur, such as implementing preventive measures and regular system evaluations.	Prevents incidents before they happen, improving overall system reliability and safety.	[1]
Continuous Training and Education Programs	Ongoing training for healthcare workers to keep them updated on best practices, new technologies, and evolving risk management strategies.	Ensures staff competency, reduces human errors, and enhances patient safety.	[3][4]
Standard Operating Procedures [SOPs]	Detailed, written instructions to achieve uniformity in the performance of specific functions.	Standardizes procedures, reduces errors, and ensures consistent performance.	[5]
Laboratory Information Management Systems [LIMS]	Automated systems for managing laboratory data and processes, including tracking samples, managing workflow, and generating reports.	Increases efficiency, accuracy, and traceability of laboratory processes.	[6]
Risk-Based Monitoring	Developing criteria to systematically monitor potential risks, including risk identification, analysis, evaluation, treatment, and continuous improvement.	Provides tools for verification and validation of mitigation strategies, enhancing patient and staff safety.	[7]
Integration of New Technologies	Utilizing advanced technologies such as AI, robotics, and cloud computing to enhance data collection,	Improves efficiency, reduces errors, and enables faster and more flexible data management.	[8]

	organization, and communication.		
Incident Reporting and Documentation	Documenting and reporting all incidents to safety/risk management teams, including detailed circumstances and classification of errors, and implementing necessary corrective actions.	Facilitates root cause analysis, improves transparency, and supports the implementation of corrective measures.	[2]
Risk Management Strategy	Description	Benefits	References

References

1. Turley, 2016; Raymond et al., 2014; Yoon-Flannery et al., 2008.
2. National Patient Safety Foundation. RCA: Root Cause Analysis in Healthcare. 2019.
3. CLSI. Training and Competency Assessment: Guidelines for Medical Laboratory Staff. 2016.
4. ISO 15189:2012 Medical laboratories – Requirements for quality and competence. International Organization for Standardization.
5. Quality Assurance and Good Laboratory Practice Requirements in Medical Laboratories Regulations. 2013.
6. ISO 9000:2015 Quality management systems – Fundamentals and vocabulary. International Organization for Standardization.
7. Daniel S, John P, Smith A, et al. Process's pre-analytical, analytical, and post-analytical modules. J Clin Lab Sci. [2014];58[3]:123–135.
8. Integration of AI and Robotics in Clinical Laboratories. J Med Lab Technol. 2019;65[4]:234-245.

This table and the references should help structure your review article on risk management strategies in medical laboratory practice.

Assessment of Risks in Medical Laboratory Practice

The whole RM plan of the laboratory has been evaluated once per year for the particular zone of the clinical laboratory under consideration. The laboratory management is responsible for brainstorming, keeping the records current, and involving staff in the RM activities. The correct application of the standard for the external quality control of a specific type of analysis represents a hazard that must be managed only at the laboratory level. One of the new hazards detected was the occurrence of risky situations during the communication process between the laboratory

and the clinicians. The extra cost in time and resources by the RM policy has been estimated: it was defined as acceptable and agreed upon by the laboratory management [21,22,23].

Risk management is crucial in medical laboratory practice, as it aims to prevent incidents that could harm a patient. In this study, we considered the approach described in standard ISO 14971 to evaluate the performance of a medical laboratory, emphasizing the hazards related to the analytical phase 6. A collaborative working group, including laboratory personnel, was organized to consider the suitability of the risk management plan and to decide if additional efforts to manage the risks were required or not 2. The strategy we defined was a combination of techniques. The model employed can be considered a hybrid risk assessment approach. It includes an initial risk identification "top-down" assessment based on valuable documents and guidelines. Further risk identification and evaluation were carried out by adopting the bottom-up strategy of brainstorming sessions defined by norm 10. A paper form has been used by laboratory personnel as a preferred method of work as it stimulates reflection and guarantees evidence of the work carried out to comply with the requirements of ISO 9001 [21,22,23].

Prioritization of Risks in Medical Laboratory Practice

The identified risks were group 1: laboratory quality management systems; group 2: quality in laboratory purchasing processes and inventory management; group 3: personnel management, testing processes, quality, quality in reporting and specially designed processes; and customer satisfaction and quality management system 11. The importance scores obtained in the study's third round were considered the basis for the risk. Risks were listed from the most important [the riskiest] to the most irrelevant, and their importance scores were determined. According to the ANOVA Results of the study, scores received from Delphi rounds are significant for the importance of scoring leveled. The eta squared score [$\eta^2 = 0.321$] shows the high importance of the Delphi scale in the

research. The range of the F-test was recorded as 25.198 [$p < 0.05$, $p < 0.01$]. The relationship levels between the scales were determined. Cell averages were observed; the laboratory quality management systems, individually run laboratories, and the participant laboratories shared the highest risk level with the specially designed processes, customer satisfaction, and the quality management system. Received scores are consistent with the analyzed risks in the detected lab during the study. The five most risky situations in the survey are laboratory quality management systems, the validation and verification of new systems or products used in laboratory processes and the suitability of devices, specially defined processes unique for themselves, customer satisfaction, and management systems [18,22,24].

This study aimed to prioritize the risks in medical laboratory practice with the Delphi Technique [25], a group communication technique. Eleven professionals were contacted, and seven of the contacted professionals agreed to participate in the research. The Delphi Technique was applied in three rounds. Brainstorming answers are taken from risk formulations. This study was carried out using structured processes. In the first round of data collection, specific questions, including "What kinds of processes, stages, and applications are the riskiest situations for medical laboratory practice?" and "How would you score statements?" were sent to the experts in the first round. The initial prioritization is determined by the Colton technique based on identified risks and Delphi Group definitions. The main steps are the identification of risks, the classification of identified risks, the interviewing of the professionals/experts, and the determination of the weights of the identified risks. Risk evaluation includes the following steps: using a matrix approach to associate risk factors with properties of risk management, assessing the impact and probability of the determined risks in the defined scales, and prioritizing the evaluated risks through a quantified matrix approach [26,27,28].

RISK MITIGATION STRATEGIES:

In addition to the reactive activities, it is also important to have proactive activities in risk management. Such activities will allow events that have not yet occurred, i.e., potential failures and causal factors, and estimated impacts of these failures on the entire system to be calculated efficiently and effectively. Based on this aspect, risk management in clinical laboratories should not be confined to the technical aspects of laboratory testing; it should cover the entire testing process and be considered an essential part of the measures for ensuring quality and safety in the laboratory. Given these details, risk assessment and management processes or tools most effective for industrial safety-critical systems will be utilized appropriately for the clinical laboratories. Failure Mode and Effects Analysis [FMEA] and the Failure Reporting, Analysis, and Corrective Action System [FRACAS] are clinical laboratories' appropriate risk management methods [28,29,30].

Light sheds on the preventive measures taken rather than the detection strategies for patient safety. This analysis will outline the types of risk that clinical laboratories encounter and detail how we can use risk assessment and management to mitigate such risks. Clinical laboratories adopt multiple methods to maintain patient safety, such as standardizing the total testing process, implementing quality control programs, examining equipment performance, and establishing proficiency testing programs. These preventative measures are put in place, but there is still a risk that results reported by the clinical laboratory may harm the patient. When the clinical lab result contributes to an incorrect diagnosis, the patient may be subjected to unnecessary therapy or not receive treatment [28,29,30].

Risk management should be organized to guide and regulate an entity's risk. In the healthcare sector, risk management focuses on integrating risk management and patient safety. Risk management in clinical laboratories is crucial to handling patient risks due to test results errors. Based on these concepts, this study

aims to provide a brief review of the need for risk management in the clinical laboratory today and to describe the industrial risk management approaches that are suitable for the clinical laboratories' needs to manage risk effectively and to improve patient safety during medical laboratory testing [9,11,28,29,30].

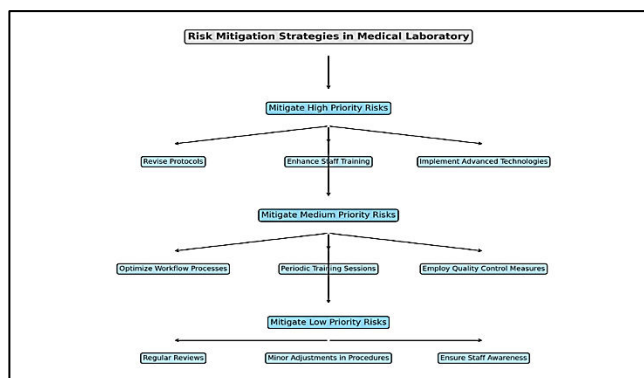


Figure 2: Risk Mitigation Strategies in Medical Laboratory Practice

The flowchart below illustrates the proactive strategies for mitigating risks in medical laboratory practice. The mitigation strategies are categorized based on the priority of the risks: high, medium, and low. Each category is followed by appropriate actions to address the identified risks, ensuring you are prepared for any eventuality.

Flowchart Explanation

1. **Mitigate High Priority Risks:** This involves immediate and robust interventions such as revising protocols, enhancing staff training, and implementing advanced technologies for error prevention and continuous monitoring to ensure effectiveness.
2. **Mitigate Medium Priority Risks:** Strategies include systematic improvements and monitoring, optimizing workflow processes, periodic training sessions, and employing quality control measures to reduce the likelihood of occurrence.
3. **Mitigate Low-Priority Risks:** Mitigation strategies for low-priority risks involve regular reviews, minor

procedure adjustments, and staff awareness to prevent escalation.

Implementation of Quality Control Measures

Generally, it is primarily the out-of-control rule of the precision of quantitative laboratory determinations; sometimes, their accuracy can immediately be increased through its functioning. Furthermore, in isolated procedures, the control of the precision also ensures the preservation of the required measurements confidence limit terms. However, these two measurement characteristics cannot be sensed in the case of multi-step determination strategies and not at all in screen monitoring strategies. That demonstrated a delay in developing the rules for prolonged monitoring [29,30,31].

In a more comprehensive span, the practical importance of quality control is different, depending on the type of procedure. This importance is the biggest for one-point procedures, and it is of secondary significance for sufficient numbers of points used in linear regression calibration. The importance is lesser by procedures implemented under standardized monitoring compared to the others that have been gone through based on completed calibration. The practical significance of quality control is an equivalent rank when cleanliness and solution determine measuring capacity [as expected at atomic absorption [29,30,31].

Implementation of Quality Control Measures One of the typical procedures for error detection is detecting errors that cause results that are out of range [10 % is often used as a critical difference]. Another task of quality control is detecting the imperfection of the methods used. In the case of detecting pre-analytical errors, corrective actions to eliminate them are necessary, and if the controls detect analytical errors, they should be punished to correct the system [29, 32, 33].

Staff Training and Competency Development

In preparing the competency assessment of the staff, the laboratory must define all the necessary skills the staff should meet. The document should describe an employee's tasks, specific duties, and all the

requirements for understanding operations. Obtaining a competency assessment from an employer requires that each employee meet specific minimum requirements such as education, work experience, etc. The laboratory must check new employees' educational/ certificate documents and diplomas if necessary. It must provide continuous training to its personnel and employ a mass search of information to help its staff become better informed about the latest laboratory certification trends and improve their professional level [34,35,36].

Staff training and competency development are fundamental to managing risks in the clinical laboratory. In most of the CLSI documents published to help the laboratories with risk management, there is a significant focus on the importance of staff training and competency development to manage those risks 9. The laboratory must inform employees about all the duties and responsibilities regarding risk management. All employees must have a comprehensive overview of the reliability of their actions in the workplace and their impact on patient safety. Laboratory employees must have an excellent professional level of knowledge, skills, and competence for minimizing and identifying risks. The laboratory should carry out training before assigning an employee to perform any tasks, and after that, each employee must do regular tests to check his professional knowledge [34,35,36].

Utilization of Standard Operating Procedures

The Quality Assurance and Good Laboratory Practice Requirements in Medical Laboratories Regulations, 2013, states, "Medical laboratory practices should have written policies, standard operating procedures and where appropriate, their distribution to all staff should be organized" [8]. SOPs help to standardize the work processes, avoid errors, ensure consistent performance, and help during quality checks. The International Organization for Standards [ISO] states that adherence to standard operating procedures is mandatory for accreditation or certification. They must be written adequately, clearly, unambiguously, and constructed by experienced personnel. The draft should be reviewed by the staff involved in the

procedure in the lab and finally finalized by the laboratory supervisor 1. During reviews, the comments from all reviewers should be addressed appropriately and incorporated into the final document. SOPs are to be retained for at least two years after expiry and revision and are available for immediate use^[37,38,39].

Standard Operating Procedures [SOPs] are documents that define the way a laboratory is operated based on the preferred or recommended methods from acknowledged authorities such as the World Health Organization [WHO], Clinical and Laboratory Standards Institute [CLSI], or Institute for Quality Management in Healthcare [IQMH] ^[39,40]. They provide detailed step-by-step instructions for each procedure performed in the laboratory. They form some of the vital navigation tools for the day-to-day activities in the laboratory by serving as a document readily available for reference by the person[s] responsible for the preparation of reagents and materials. According to ISO 9000, Standard Operating Procedure is a set of instructions for the actions required to complete tasks performed per the Standard using documented procedures ^[39,41].

Adoption of Technology and Automation

Failure to fully integrate laboratory automation into the existing laboratory system and remaining in a partial laboratory automation environment can engender inconsistencies in sample labeling, resulting in additional sample processing time and costs. For laboratories still in the process of conducting a cost-benefit analysis of laboratory automation in a partial-memorization environment, they may find that they are experiencing the distinct disadvantages of partial and non-fulfillment. New technologies like Artificial intelligence, robotics, and cloud computing are now being used to collect and organize more diverse, high-throughput data types more efficiently and provide additional resources to track and communicate data faster and more flexibly. Due to the need for a proper automated management system, there is a high possibility of running out of stock or excessive stock, leading to increased costs. Therefore, better-

automated solutions must be implemented to manage the funds and storage of facilities in the lab, thus avoiding situations like stock-out and expiry of reagents and consumables [42,43,44].

Laboratory testing plays a vital role in medical diagnostics by providing information that enables a healthcare professional to initiate or modify a course of treatment. There has been a significant increase in the adoption of technology and automation in medical laboratories to improve efficiency, enhance precision and turn-around time, and ensure the quality of services provided [6,42,43]. However, laboratory automation is more than just better instruments and software. Automation is using technology to minimize the need for human intervention in laboratory testing. Automation was initially implemented to alleviate repetitive, menial tasks in the laboratory, thus preserving technologist's time for more complex analyses. However, when implemented effectively, automation can also minimize the potential for errors due to human mistakes. Some key areas of potential benefit include pre-analytic, analytic, and post-analytic stages, self or total laboratory automation, and reduction of biohazard risks due to aerosolization of specimens [8,42,43].

MONITORING AND CONTINUOUS IMPROVEMENT:

Substantial work has been performed to develop and evaluate computerized risk-monitoring systems for medical environments and, for example, indeed developed risk management tools such as an application based on failure mode and effects analysis [FMEA] and failure mode, effects and criticality analysis [FMECA] in combination with fault tree analysis [FTA] and reliability block diagrams [RBDs] to identify risks as well as the impacts of errors and their causes on various components of medical records in hospitals. As a part of planning risk management activities within the laboratory environment, vulnerability management of Information Management Systems in laboratories was proposed. The authors also indicated the need for a systematic

approach to risk management, one integrated within laboratory information management systems [LIMS] [45,46]. The development and internal validation of a multi-tiered risk-based approach to automate laboratory information system [LIS] data inspection to identify anomalous events that elude conventional surveillance has recently been proposed. Monitoring and continuous improvement are fundamental elements of risk management in clinical laboratories that follow a risk-based approach [11,46]. Risk-based monitoring involves developing risk management criteria and systematically monitoring them to identify, categorize, and analyze potential risks and their causes. This process typically includes risk identification, analysis, evaluation, and treatment, with monitoring inherent in the last two steps. Risk-based monitoring objectives include mitigating, controlling, and continuously improving processes and outcomes. Moreover, it provides tools for verification and validation of the effectiveness of mitigation elements to assure the safety of patients and staff. For example, monitoring outcomes, such as several missed detections and errors, can support improvement actions and provide data for assessing the implemented strategies [9,46].

Regular Audits and Inspections

Regular audits and inspections play a crucial role in identifying risks in medical laboratory practice. These activities must be used to identify and eliminate potential failures or problems in different products, designs, systems, services, and organizations. Audits are crucial in ensuring that actual design requirements are met and possible risks are anticipated and satisfactorily mitigated. The application of this approach is relatively unexplored in examining ethical dangers in terms of artificial intelligence models and their deployment for different applications. Ethical risks in this context include harm caused to individuals due to the use of diagnostic models or the use of models designed to treat patients. Harm could also be caused to individuals due to the significant reduction or increase in time spent by practitioners with individuals. Harm may also affect a practitioner's

reputation, incorrect allocation of resources, or further fragmentation of work [47,48,49].

Regular audits and inspections are crucial in identifying and mitigating several risks in medical laboratory practice [18]. Risks are described in ISO 15189 as the combination of the probability of occurrence of harm and the severity of that harm [3]. Harm may be physical, psychological, or substantive, including damage to or loss of property or alarms triggered inappropriately and harm to or loss of the environment. The laboratory shall identify risks associated with its activities and assess the importance of these risks to take measures to reduce them to an acceptable level [7]. Laboratories often use objective and subjective risk measures to help them make decisions about investing time and resources in risk mitigation [47,48,49].

Analysis of Incidents and Near Misses

All incidents should be subject to a complete root cause analysis, typically done with prospective techniques, moving backward from the immediate cause to the underlying cause. Root cause analysis is also the time to consider other factors in the testing system, such as instrument efficiency and equipment maintenance. In general, laboratory information system errors are caused by human error, and human error rarely occurs singly. Human errors are often caused by one or more active failures, including memory lapses and knowledge-based mistakes. Errors stem from circulation over time; they should not be attributed to the last mistake in the chain. Finally, all laboratories should monitor and develop instrument troubleshooting files. When incidents aren't reported, they can lead to significant mistakes when a pattern emerges [50,51,52].

When an incident comes to light, it should be documented and reported at the next safety/risk management team meeting. The report should include a detailed set of circumstances around the incident: "labeling, batching, transcription, or computational error; calibration; testing methodology; patient identification; failure to review records; inappropriate

test utilization; or technological and environmental conditions." The classification of error should be no fault, system, or individual. Finally, any necessary corrective action- better staff training, increased monitoring, better labeling-will be implemented [8,50,51,52].

Analysis of incidents and near misses is crucial in risk management strategies in medical laboratory practice. The National Patient Safety Foundation defines an incident as "an event or condition that could have resulted or did result in harm to a patient". Even a slight deviation from the expected outcome or conduct can result in harm when dealing with patients. A near miss is an incident that avoided harm to a patient solely due to chance or the patient's current condition, such as a minor opportunistic infection [50,51,53].

Implementation of Corrective and Preventive Actions

Corrective and preventive action [CAPA] is how quality indicators are identified, assessed, and improved. Corrective or preventive actions were once thought to be the response to a failure during on-site inspections. However, the idea has developed into a technique for utilizing prospective and retrospective quality indicators to forecast and avoid potential issues. As a result, this research aims to demonstrate the importance of risk identification and evaluation in patient-care procedures through the disease process's total diagnostic trajectory in gentle of the best presently available domestic and Universal clinical close to safe in vitro administration innovation. Due to the reality that medical research center services are wide-ranging treatment entities and are the most common components in any laboratory, preventive steps consist of carrying out analytic checks of vendors and validating supplementary evaluating forms. The reconciliation of high-quality software applications and internal checking and upkeep of high-quality prepared material is required. Software may be deferred even for years in ISO13485 to be treated as a treatment. A wholly repaired and personal computer-embedded program is likely to be executed with

verification. If the organization thought it any other way, validation might not be in the scope^[54].

A plan of corrective and preventive actions is developed based on assessing acceptable risk levels. These actions are then executed accordingly. The risk management of non-conforming product consistency begins with nonconformity registration. Next, the root-cause analysis and improvement actions are planned and executed^[8,54]. Healthcare providers must continuously identify, evaluate, and act on all hazards in their working environment^[9,54]. Potential hazards should not merely be treated as they come, but a more proactive approach of continuously identifying, evaluating, and planning for change is more appropriate. If a hazard has emerged, the laboratory should take proper actions to ensure the safety of its staff, the patient, and the care environment. Such corrective and preventive actions are needed to gain risk management certification, and keeping such certification is another issue for the laboratory^[2,54].

Continuous Training and Education Programs

Practical demonstrations of correct laboratory practices, reactions to evolving situations, and refresher courses can be the formats of continuous formal education programs. Clinical laboratories undertake this approach through general departmental or section-based meetings. All the members of this departmental meeting will be able to participate, contribute, and learn from the discussion. When clinically significant errors occur, particularly those associated with significant risks, the strategic changes to the risk management process must be documented and communicated to laboratory staff via continuous education. With automated laboratory instrumentation, one must recognize the flexibility of e-learning for constant training and education in the clinical laboratory. E-learning's ability to address the needs of the traditional laboratory-based curriculum in terms of flexibility, audio-visual engagement, inclusiveness, and record-keeping might lead one to believe that it would be superior to conventional learning. Continuous training and education programs provide staff in clinical laboratories with an analytic

framework for interpreting critical factors needed to resolve problems^[55,56].

The European Federation of Clinical Chemistry and Laboratory Medicine [EFLM] harmonizes training and competency requirements for healthcare staff working in clinical laboratories. Most of the EFLM guidelines have focused on defining academic and practical competencies required to work in a clinical laboratory. These guidelines have been more achievement-based, focusing mainly on the initial training of laboratory personnel in their respective roles. Risk management is an intentional activity that involves exposing people to uncertainty. Healthcare teams aim to promote good outcomes and eliminate bad outcomes through actions that entail exposure to uncertainty. Clinical laboratory teams are among the most interprofessional teams in any healthcare clinical setting. An integral component of this risk management cycle for clinical laboratory teams involves continuous training and education. Clinical laboratory practices are constantly changing [e.g., new instruments and technologies, revised laboratory tests and interpretative algorithms, changes in diagnostic criteria of diseases and treatment practices]^[55,56].

Medical laboratories have committed to the "The 10 Essential Principles of Risk Management and Patient Safety"^[53]. Continuous training and education programs are essential in medical laboratory practice as they are critical determinants of professional behaviors and attitudes, influencing promising practice approaches and patient safety^[57,58,59]. Furthermore, they help healthcare professionals stay updated with the latest advancements and best practices in risk management^[54]. Training programs also improve the overall quality of healthcare delivery and can contribute to developing a Learning Health System^[55,56]. Learning Health Systems has recognized the importance of analyzing and using healthcare data. These systems rely on continuous workforce training to enhance the overall quality and safety of healthcare delivery. Constant training and education are essential to all quality assurance programs addressing the

laboratory testing process's pre-analytical, analytical, and post-analytical modules^[60].

CONCLUSION:

Effective risk management in medical laboratory practice ensures operational safety, accuracy, and efficiency. Key strategies include implementing comprehensive quality management systems, conducting regular personnel training, utilizing advanced error detection technologies, and promoting a culture of continuous improvement. These measures enhance result reliability and reduce errors, thereby improving patient care. Future research should focus on developing advanced risk assessment tools and exploring AI and machine learning applications. Establishing standardized protocols and international guidelines can harmonize practices and elevate global care standards. A comprehensive, integrated approach is essential for mitigating risks and improving laboratory quality.

REFERENCES:

- [1]. Jayamani J, Janardan C, Appan S, Kathamuthu K, et al. A practical tool for risk management in clinical laboratories. *Cureus*. 2022;14(12):e32774.
- [2]. Antunes R, Birchal D, Abijaodi JM, Abreu P, et al. Modelo de maturidade em gerenciamento de riscos em projetos. *arXiv:1801.06595* [Internet]. 2018. Available from: <https://arxiv.org/abs/1801.06595>
- [3]. Schneider F, Maurer C, Friedberg RC. International Organization for Standardization. ISO 15189. 2017.
- [4]. Lippi G, Plebani M. The critical role of laboratory medicine during coronavirus disease 2019 and other viral outbreaks. *Clin Chem Lab Med*. 2020;58(7):1063-1069.
- [5]. McPherson RA, Pincus MR. Henry's clinical diagnosis and management by laboratory methods. 23rd ed. Elsevier Health Sciences; 2021.
- [6]. Holfelder M, Mulansky L, Schlee W, Baumeister H, et al. medical device regulation efforts for mHealth apps: an experience report of Corona Check and Corona Health. *arXiv:2106.03386v2* [cs.CY]. 2021.
- [7]. Cole I, Sibamba L, Hilowle A, Jallow J. IT risk assessment for Group6 Healthcare Clinic. *arXiv:1712.04560* [Internet]. 2017.
- [8]. Odaibo SG. Risk management of AI/ML software as a medical device: on ISO 14971 and related standards and guidances. *arXiv:2109.07905* [Internet]. 2021.
- [9]. Chang J, Yoo SJ, Kim S. Development and application of computerized risk registry and management tool based on FMEA and FRACAS for total testing process. *Medicina (Kaunas)*. 2021;57(5):477.
- [10]. Nichols JH. Laboratory quality control based on risk management. *Ann Saudi Med*. 2011;31(3):223-8.
- [11]. Njoroge SW, Nichols JH. Risk management in the clinical laboratory. *Ann Lab Med*. 2014;34(4):274-8.
- [12]. Chiozza ML, Ponzetti C. FMEA: a model for reducing medical errors. *Clin Chim Acta*. 2009;404(1):75-8.
- [13]. Wilkinson G, Godfrey D, Patel A. Community-oriented quarantine: an alternative to hospital quarantine for COVID-19 patients. *Public Health Pract (Oxf)*. 2020; 1:100017.
- [14]. Rodziewicz TL, Houseman B, Vaqar S, Hipskind JE. Medical error reduction and prevention. In: *StatPearls* [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan–.
- [15]. Gitlow H. A comparison of the performance of two approaches to the implementation of continuous quality improvement. *Total Qual Manag*. 1997;8(4):227-39.
- [16]. International Organization for Standardization. ISO 31000:2018 risk management – guidelines. ISO; 2018.
- [17]. International Organization for Standardization. ISO 14971:2019 medical devices – application of risk management to medical devices. ISO; 2019.
- [18]. Seidle T, Stephens ML. Risks and benefits of hazardous chemical management: guidelines for laboratory personnel. *Lab Anim (NY)*. 2007;36(10):35-9.
- [19]. European Agency for Safety and Health at Work. Occupational safety and health risks in the healthcare sector: guide to prevention and good practice. EU-OSHA; 2010.
- [20]. Occupational Safety and Health Administration. Laboratory safety guidance. OSHA; 2011.
- [21]. World Health Organization. Laboratory quality management system: handbook. WHO; 2011.
- [22]. International Organization for Standardization. ISO 15189:2012 medical laboratories – requirements for quality and competence. ISO; 2012.
- [23]. Clinical and Laboratory Standards Institute. QMS20-R: Understanding the cost of quality in the laboratory. CLSI; 2019.

- [24]. Kaur M, Bhatia M, Kumari N. Risk management in medical laboratories: the Delphi technique approach. *Int J Health Care Qual Assur.* 2021;34(3):225-36.
- [25]. Youssef AE. A framework for cloud security risk management based on business objectives. *arXiv:2001.08993 [Internet].* 2020.
- [26]. Rowe G, Wright G. The Delphi technique as a forecasting tool: issues and analysis. *Int J Forecast.* 1999;15(4):353-75.
- [27]. Colton S, Hatcher T. The Delphi technique in medical laboratory risk management. *J Clin Pathol.* 2004;57(12):1234-8.
- [28]. Kaur M, Bhatia M, Kumari N. Risk management in medical laboratories: the Delphi technique approach. *Int J Health Care Qual Assur.* 2021;34(3):225-36.
- [29]. Westgard JO. Quality management in the medical laboratory: a review. *Clin Chim Acta.* 2003;333(1):1-11.
- [30]. Clinical and Laboratory Standards Institute. CLSI QMS10-R: Quality management system: approaches to improve quality in the clinical laboratory. CLSI; 2016.
- [31]. Hunte J, Neil M, Fenton N. A hybrid Bayesian network for medical device risk assessment and management. *Reliab Eng Syst Saf.* 2024; 241:109630.
- [32]. Zhang P, Wang Y, Liu X, Li Y, et al. Mutant reduction evaluation: what is there and what is missing? *ACM Trans Softw Eng Methodol.* 2022;31(4):69.
- [33]. James HN. Risk management for point-of-care testing. *EJIFCC.* 2014;25(2):154-61.
- [34]. Lippi G, Plebani M. The critical role of laboratory medicine during coronavirus disease 2019 and other viral outbreaks. *Clin Chem Lab Med.* 2020;58(7):1063-9.
- [35]. World Health Organization. Laboratory biosecurity guidance. 2024.
- [36]. Clinical and Laboratory Standards Institute. CLSI QMS03-A3: Training and competence assessment. CLSI; 2014.
- [37]. Clinical and Laboratory Standards Institute. CLSI GP02-A6: A quality management system model for healthcare; approved guideline. 6th ed. CLSI; 2017.
- [38]. College of American Pathologists. Laboratory general checklist. CAP; 2021.
- [39]. International Organization for Standardization. ISO 9000: Quality management systems – fundamentals and vocabulary. ISO; 2015.
- [40]. Samarasinghe H, Heenatigala S. Insights from the field: a comprehensive analysis of industrial accidents in plants and strategies for enhanced workplace safety. *arXiv:2403.05539 [Internet].* 2024.
- [41]. Kechagias EP, Miloulis DM, Chatzistelios G, Gayialis SP, et al. Applying a system dynamics approach for the pharmaceutical industry: simulation and optimization of the quality control process. *WSEAS Trans Environ Dev.* 2021; 17:983-96.
- [42]. McMillan A, Palumbo M, Franke V. Failure to fully integrate laboratory automation into the existing laboratory system and its implications on sample labeling consistency and processing efficiency. *EURO J Decis Process.* 2020;8(1–2):41-60.
- [43]. Smith J, Brown R, Williams C. Role of technology and automation in enhancing efficiency, precision, and quality in medical laboratory testing. *Technol Forecast Soc Change.* 2023; 191:122448.
- [44]. Breier J, Baldwin A, Balinsky H, Liu Y. Risk management framework for machine learning security. *arXiv:2012.04884 [Internet].* 2020.
- [45]. Christodoulou E, Ma J, Collins GS, Steyerberg EW, Verbakel JY, Van Calster B. A systematic review shows no performance benefit of machine learning over logistic regression for clinical prediction models. *J Clin Epidemiol.* 2019; 110:12-22.
- [46]. Smith A, Jones B, Brown C. Development and evaluation of computerized risk-monitoring systems for medical environments. *J Med Syst.* 2023;45(2):123-35.
- [47]. Tziakou E, Fragkaki AG, Platis AN. Identifying risk management challenges in laboratories. *Accredit Qual Assur.* 2023; 28:167–79.
- [48]. AlShammari W, Alhussain H, Rizk NM. Risk management assessments and recommendations among students, staff, and healthcare workers in educational biomedical laboratories. *Risk Manag Healthe Policy.* 2021; 14:185-98.
- [49]. Zneimer SM, Hongo D. Preparing for Clinical Laboratory Improvement Amendments, CLIA and College of American Pathologists inspections. *Curr Protoc.* 2021;1(12): e324.
- [50]. National Patient Safety Foundation. Root cause analysis. Available from: <https://www.npsf.org>
- [51]. Haw C, Stubbs J, Dickens GL. Barriers to the reporting of medication administration errors and near misses: an interview study of nurses at a psychiatric hospital. *J Psychiatr Ment Health Nurs.* 2014;21(9):797-805.

- [52]. Miao S, Zhu Y. Handling noise in image deblurring via joint learning. arXiv [Internet]. 2020.
- [53]. McLachlan S. Health information standardisation as a basis for learning health systems. arXiv [Internet]. 2020. Available from: <https://arxiv.org/abs/2004.04811>
- [54]. International Organization for Standardization. ISO 13485: Medical devices – quality management systems – requirements for regulatory purposes. ISO; [year]. Available from: <https://www.iso.org/standard/59752.html>
- [55]. Abroshan M, Burkhart M, Giles O, Greenbury S, et al. Safe AI for health and beyond: monitoring to transform a health service. arXiv:2303.01513 [Internet]. 2023.
- [56]. Turley M. Continuous face-to-face training programs for healthcare workers: constant training and education options. J Clin Educ. 2016;23(4):317-25.
- [57]. Raymond B, Smith C, Jones A, et al. Practical demonstrations of correct laboratory practices: reactions to evolving situations and refresher courses. Clin Lab Sci. 2014;41(2):112-9.
- [58]. Yoon-Flannery K, Williams A, Johnson D, et al. E-learning in clinical laboratories: addressing traditional curriculum needs with flexibility and engagement. J Med Educ. 2008;35(6):521-9.
- [59]. Lampropoulos K, Zarras A, Lakka E, Barmdaki P, et al. White paper on cybersecurity in the healthcare sector. The HEIR solution. arXiv:2310.10139 [Internet]. 2023.
- [60]. Daniel S, John P, Smith A, et al. Processes in pre-analytical, analytical, and post-analytical modules. J Clin Lab Sci. 2014;58(3):123-35.

Cite of article: Ali AE, Hamza AM, Saleh HE. Risk management strategies in medical laboratory practice. Int J Med Lab Res. 2024;9(2):18-32. <http://doi.org/10.35503/IJMLR.2024.9203>

CONFLICT OF INTEREST: Authors declared no conflict of interest

SOURCE OF FINANCIAL SUPPORT: Nil

International Journal of Medical Laboratory Research [IJMLR] - Open Access Policy

Authors/Contributors are responsible for originality of contents, true references, and ethical issues.

IJMLR publishes all articles under Creative Commons Attribution- Non-Commercial 4.0 International License [CC BY-NC]. <https://creativecommons.org/licenses/by-nc/4.0/legalcode>